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CONFIRMATION NO. 1379

<b>SERIAL NUMBER</b> 10/821,678	<b>FILING OR 371(c) DATE</b> 04/08/2004 <b>RULE</b>	<b>CLASS</b> 436	<b>GROUP ART UNIT</b> 1743	<b>ATTORNEY DOCKET NO.</b> RS03-232
<b>APPLICANTS</b> V. Raman Sukumar, Lewes, DE;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 06/24/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> DE	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 16
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> John C. Andrade, Esquire 116 West Water Street P.O. Box 598 Dover, DE 19903				
<b>TITLE</b> Mobile intra-operative microscopic diagnosis laboratory				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	